

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET,  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

12 MAY 2007

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		0			
5	0		0			
6	0		0			
7	0		0			
8	0		0			
9	0		0			
10	0		0			
11	0		0			
12	0		0			
13	0		0			
14	/		/			
15	/		/			
16	2		1			
17	0		1			
18	/		/			
19	0		0			
20	/		/			
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TOTAL IND.	16	↓	9	↓		↓
TOTAL DEP.	20	←	8	←		←
TOTAL CLAIMS	36	[REDACTED]	27	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						